

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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MATILDA BELOVIC, by her next friend,  
SUellen TOZZI; GENEVIEVE C.;  
MADELAINE ANDREWS; MARY B.; and  
MAUREEN CURRAN, by her next friend,  
SARAH T. GILLMAN, individually, and on  
behalf of all others similarly situated,

Affidavit of Service

Plaintiffs,

07 Civ. 02876

-against-

ROBERT DOAR, as Commissioner of the  
New York City Human Resources  
Administration; GLADYS CARRION, as  
Commissioner of the New York State Office  
of Children & Family Services; DAVID  
HANSELL, as Acting Commissioner of the  
New York State Office of Temporary &  
Disability Assistance; and RICHARD F.  
DAINES, as Acting Commissioner of the New  
York State Department of Health,

Defendants.

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## AFFIDAVIT OF SERVICE

STATE OF NEW YORK

SOUTHERN COUNTY

UNITED STATES DISTRICT COURT

DOCUMENTS SERVED WITH INDEX # 07 CV 2876 AND FILED ON

ATTORNEY(S): New York Legal Assistance Group , Caroline Hickey

*Matilda Belovic, by her next friend, Suellen Tozzi; Genevieve C.; Madelaine Andrews; Et Al*Plaintiff(s)  
Petitioners

vs

*Robert Doar, as Commissioner of the New York City Human Resources Administration; et al*Defendant(s)  
Respondent(s)

STATE OF NEW YORK: COUNTY OF ALBANY , SS.:

Ross Acevedo, being duly sworn deposes and says deponent is not a party to this action, is over the age of eighteen years and resides in the State of New York. That on April 16, 2007 at 1:20pm at NYS Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, NY 12207 deponent served the within Order to Show Cause with Summons and Complaint on: David Hansell, Acting Commissioner , Defendant (herein called recipient) therein named.

INDIVIDUAL <input checked="" type="checkbox"/> A	By personally delivering to and leaving with said _____ a true copy thereof, and that deponent knew the person so served to be the person mentioned and described in said Order to Show Cause with Summons and Complaint
CORPORATION <input checked="" type="checkbox"/> B	By delivering to and leaving with _____ Jeanine Behuniak at NYS Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, NY 12207 and that deponent knew the person so served to be the _____ Authorized to Accept _____ of the corporation.
<i>Service was made in the following manner after your deponent was unable, with due diligence, to serve the defendant in person:</i>	
SUITABLE AGE PERSON <input type="checkbox"/> C	By delivering a true copy thereof to and leaving with _____ a person of suitable age and discretion at _____ the said premises being the defendants/respondents [ ] dwelling place (usual place of abode) [ ] actual place of business within the State of New York.
AFFIXING TO DOOR <input type="checkbox"/> D	By affixing a true copy thereof to the door of said premises, the same being the defendant's [ ] dwelling house (usual place of abode) [ ] actual place of business within the State of New York.
MAILING TO RESIDENCE (use with C or D) <input type="checkbox"/> E1	Within 20 days of such delivery or affixing, deponent enclosed a copy of same in a first class postpaid envelope properly addressed to defendant at defendant's residence at _____ and deposited said envelope in an official depository under the exclusive care and custody of the United States Post Office within New York State on _____
MAILING TO BUSINESS (use with C or D) <input type="checkbox"/> E2	Within 20 days of such delivery or affixing, deponent enclosed a copy of same in a first class postpaid envelope properly addressed to defendant at defendant's actual place of business at _____ in an official depository under the exclusive care and custody of the United States Post Office within New York State. The envelope bore the legend "Personal and Confidential" and did not indicate on the outside thereof, by return address or otherwise, that the communication was from an attorney or concerned an action against the defendant and mailed on _____
PREVIOUS ATTEMPTS (use with D) <input type="checkbox"/> F	Deponent had previously attempted to serve the above named defendant/ respondent Day _____ Date _____ Time _____ Day _____ Date _____ Time _____ Day _____ Date _____ Time _____ Deponent spoke with _____ who stated to deponent that the said defendant(s) lived at the aforementioned address, but did not know defendant's place of employment.
G <input checked="" type="checkbox"/>	DEPONENT STATES THAT THE INDEX # AND FILING DATE WERE CLEARLY VISIBLE ON THE SUMMONS.
VOID WITHOUT DESCRIPTION (Use with A, B, C & D)	A description of the Defendant, or other person served, or spoken to on behalf of the Defendant is as follows: Approximate age 35 Approximate weight 150 Approximate height 6'0 Sex Female Color of skin White Color of hair Blonde Other _____
MILITARY SERVICE <input type="checkbox"/>	Deponent asked the person spoken to whether the defendant/respondent was presently in the military service of the United States Government or on active duty in the military service in the State of New York and was informed he/she was not. Your deponent further says that deponent knew the person so served to be the person mentioned and described in said legal papers as defendant/respondent therein. Your deponent is over the age of 18 years and is not a party to this action.
NON- SERVICE <input type="checkbox"/> H	After due search, careful inquiry and diligent attempts, I have been unable to effect process upon the person/entity being served due to the following: [ ] Not known at address [ ] Address does not exist [ ] Evading [ ] Moved left no forwarding [ ] Other
WIT. FEES <input type="checkbox"/>	\$ the authorizing traveling expenses and one day's witness fee was paid (tendered) to the recipient.

Sworn to before me on this 16th day of April 2007

*Deborah A. Botti (Berlin)**Ross Acevedo*

Attny's File No.

Invoice•Work Order # 0611050

DEBORAH A BOTTI  
NOTARY PUBLIC, State of New York  
No 01BO6036756, Qualified in Albany County  
Commission Expires February 7, 2010